VINCENT ARMENTANO

**TRAV0011** 

**COMPLETE IF KNOWN** 

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR** 

DESIGN PATENT APPLICATION

**Prior Foreign Application** 

Number(s)

**Attorney Docket Number** 

**First Named Inventor** 

| (37 CFR 1.63)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                    | Application Number  | 1                                      |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------|----------------------------------------|--|--|--|--|--|
| □Declaration Submitted OR With Initial Filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | □Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Filing Date         | 08/27/03                               |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | Group Art Unit      |                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | Examiner Name       |                                        |  |  |  |  |  |
| As a below named inventor, I hereby declare that:  My residence, post office address, and citizenship are as stated below next to my name.  I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:                                                                                                                                                                                                                                                                                                             |                                                                                    |                     |                                        |  |  |  |  |  |
| METHOD AND SYSTEM FOR KNOWLEDGE MANAGEMENT AND EFFECTIVE MENTORING OF INSURANCE CLAIM PROFESSIONALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                     |                                        |  |  |  |  |  |
| the specification of which (Title of the Invention)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                     |                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    |                     |                                        |  |  |  |  |  |
| was filed on (MM/I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DD/YYYY)                                                                           | as United States Ap | oplication Number or PCT International |  |  |  |  |  |
| Application Number and was amended on (MM/DD/YYYY) (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    |                     |                                        |  |  |  |  |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                    |                     |                                        |  |  |  |  |  |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.                                                                                                                                                                                                                                                     |                                                                                    |                     |                                        |  |  |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed. |                                                                                    |                     |                                        |  |  |  |  |  |

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Foreign Filing Date

(MM/DD/YYYY) Country

Country

Priority

**Not Claimed** 

**Certified Copy Attached?** 

NO

YES

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## **DECLARATION** — Utility or Design Pat nt Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                 |                    | ====       |                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------|--------------------|------------|------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | stomer Number<br>lar Code Label | 27510           |                    | OR         | Correspondence address below |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                 |                    |            |                              |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                 |                    |            |                              |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State                           | )               |                    | ZIP        | )                            |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Teleph          | one                |            | Fax                          |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                                 |                 |                    |            |                              |  |
| NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                 |                    |            |                              |  |
| Given Name Vincent Family Name ARMENTANO or Surname                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                 |                    |            |                              |  |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                 |                    | Date       |                              |  |
| GLASTONBURY                                                                                                                                                                                                                                                                                                                                                                                                                                                               | СТ                              |                 | US                 |            | US                           |  |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Stat                            | te              | Count              | try        | Citizenship                  |  |
| 68 Fairway Crossing                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del></del>                     |                 |                    |            |                              |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                 |                    | _          |                              |  |
| Glastonbury                                                                                                                                                                                                                                                                                                                                                                                                                                                               | СТ                              |                 | 06033              | <u> </u>   | US                           |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State                           | :e              | Zip                |            | Country                      |  |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A petition                      | n has been file |                    | is unsigne |                              |  |
| Given Name Susan (first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | Fami            | ily Name<br>urname | ie CRONI   |                              |  |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                 |                    | Date       |                              |  |
| Lakeville                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | МА                              |                 | US                 |            | US                           |  |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State                           | e               | Country            |            | Citizenship                  |  |
| 12 Old Powderhouse Road                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                 |                    |            |                              |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                 |                    |            |                              |  |
| Lakeville                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MA                              |                 | 01906              |            | US                           |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State                           | e               | Zip                |            | Country                      |  |
| Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                                                    |                                 |                 |                    |            |                              |  |

**→** |+|

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

| Name of Additional Joint Inventor, if      | any:                         | A petition has been filed for this unsigned inventor |                        |                        |  |  |  |  |  |
|--------------------------------------------|------------------------------|------------------------------------------------------|------------------------|------------------------|--|--|--|--|--|
| Given Name (first and                      | middle [it                   | t any])                                              | Fa                     | mily Name or Surname   |  |  |  |  |  |
| Annmarie                                   |                              |                                                      | Террег                 | Tepper                 |  |  |  |  |  |
| Inventor's<br>Signature                    |                              |                                                      |                        | Date                   |  |  |  |  |  |
| Residence: City Avon                       | Sta                          | CT tate                                              | Country                | US<br>Citizenship      |  |  |  |  |  |
| Mailing Address                            |                              |                                                      |                        |                        |  |  |  |  |  |
| Mailing Address                            |                              |                                                      |                        |                        |  |  |  |  |  |
| City                                       | St                           | tate                                                 | ZIP                    | Country                |  |  |  |  |  |
| Name of Additional Joint Inventor, i       | d for this unsigned inventor |                                                      |                        |                        |  |  |  |  |  |
| Given Name (first and middle [if any])     |                              |                                                      | F                      | Family Name or Surname |  |  |  |  |  |
| Robert J.                                  |                              |                                                      | мснидн                 |                        |  |  |  |  |  |
| Inventor's<br>Signature                    |                              |                                                      | Date                   |                        |  |  |  |  |  |
| Residence: City Saugus                     | St                           | tate MA                                              | Country US             | Citizenship US         |  |  |  |  |  |
| Mailing Address 5 Hilcrest Street          |                              |                                                      |                        |                        |  |  |  |  |  |
| Mailing Address                            |                              |                                                      |                        |                        |  |  |  |  |  |
| City Saugus                                | Sta                          | ate MA                                               | Zip 01906              | Country US             |  |  |  |  |  |
| Name of Additional Joint Inventor, if any: |                              |                                                      |                        |                        |  |  |  |  |  |
| Given Name (first and middle [if any])     |                              |                                                      | Family Name or Surname |                        |  |  |  |  |  |
| Julie                                      |                              |                                                      | MORGAN                 |                        |  |  |  |  |  |
| Inventor's Signature Date                  |                              |                                                      |                        |                        |  |  |  |  |  |
| Residence: City Moraga                     |                              | State CA                                             | Country US             | Citizenship            |  |  |  |  |  |
| Mailing Address 1206 Rimer                 | imer Drive                   |                                                      |                        |                        |  |  |  |  |  |
| Mailing Address                            |                              |                                                      |                        |                        |  |  |  |  |  |
| City Moraga                                |                              | State CA                                             | Zip 94556              | Country                |  |  |  |  |  |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.